

## ***Nutrition Services Component #1***

### **How Can Programs Identify Children's Nutrition Needs?**

Children vary greatly in their growth, development and nutrition-related issues. To meet preschoolers' nutrition needs, early childhood programs should learn about their children's typical eating behaviors and dietary patterns. This information is needed for planning menus, developing nutrition education activities, developing strategies to handle food allergies and referring nutrition-related problems to the appropriate health professionals for assessment and treatment.

Early childhood programs can identify children's nutrition needs by a variety of methods. Useful information can be obtained by talking to parents, observing children, and conducting nutrition screenings. Examples of questions to ask include:

- What are the child's typical dietary patterns? (e.g., What types, serving sizes and frequency of foods are eaten from each food group? What foods are liked/disliked? What is a typical meal and snack?, What types and amounts of fluids (milk, juice, water, etc.) are consumed each day?, etc.)
- What are the child's typical eating behaviors, such as appetite and mealtime behavior (e.g., Does the child eat well or poorly? Does the child sit calmly and pay attention to eating? Does the child socialize with other children and use appropriate eating skills?, etc.)
- Is the child's growth pattern (height and weight) normal, e.g., within a healthy range?
- Do parents have concerns about eating habits or other nutrition issues?
- Does the child have dietary restrictions or a special diet?
- Does the child have food allergies or intolerances?
- Is the child taking daily medications or vitamin/mineral supplements?

Discussions with parents and staff observations are the most commonly used methods of identifying nutrition needs, and can provide valuable information regarding a child's eating habits and nutrition concerns. However, many children with nutritional concerns will not be identified unless a standardized nutrition screening tool is used. Nutrition screening tools are designed to evaluate a child for diagnosis and medical conditions, drug and nutrient interactions, food allergies and intolerances, feeding concerns, variety of diet, and growth. The purpose of a nutrition screening is to identify children who may benefit from nutrition assessment and intervention. Program staff can easily conduct a nutrition screening with the parent as part of the enrollment process.

If the nutrition screening identifies specific nutrition issues or concerns, it is important to refer children to the appropriate health professionals for assessment and treatment. Nutrition screening and nutrition assessment differ in that a nutrition assessment is a more in-depth study of the child. Nutrition assessment can include such tools as a dietary history (food diary), nutrient analysis and growth charts. It should only be carried out by a qualified nutrition specialist, since nutrition education and interpretation of growth charts and data are usually included.

### ***Nutrition Services Component #1 (Continued)***

Early childhood programs can provide guidance for teachers and other staff to assist them in making observations regarding children's nutrition issues. Strategies regarding appropriate follow-up (e.g., referrals to health professionals, planning nutrition education activities, etc.) to address these issues can be developed in consultation with administrators, and appropriate health personnel (e.g., nurse, dietitian, etc.). Some examples might include:

<b>Observation</b>	<b>Strategies for Early Childhood Staff</b>
Child comes to school without breakfast	<ul style="list-style-type: none"><li>• Offer food to child upon arrival</li><li>• Discuss with parents</li><li>• Provide educational handout on the importance of breakfast</li></ul>
Child has visible tooth decay	<ul style="list-style-type: none"><li>• Discuss referral to dentist</li></ul>
Child does not eat one of the food groups	<ul style="list-style-type: none"><li>• Role model appropriate eating behaviors at mealtime</li><li>• Develop and teach specific nutrition education activities</li></ul>
Child is visibly overweight	<ul style="list-style-type: none"><li>• Observe mealtime eating behaviors</li><li>• Observe physical activity patterns</li><li>• Discuss referral to nutrition or nurse consultant</li></ul>

The Connecticut State Department of Education has developed a "Nutrition Questionnaire for Children" to assist with identifying children's nutrition needs. This nutrition questionnaire is a tool for parents to complete before meeting with child care staff members (e.g., health or education professionals, family day care providers). The questionnaire provides a useful starting point for identifying areas of nutrition concern and the need for additional screening. It may be adapted with the names of foods consumed by a specific cultural group. *Note: This questionnaire is not all-inclusive, and should be adapted as necessary to meet the specific needs of individual programs.* A copy of the nutrition questionnaire is enclosed with this Alert, and can also be accessed at [www.state.ct.us/sde/deps/early/ChildNutCP.pdf](http://www.state.ct.us/sde/deps/early/ChildNutCP.pdf).

### How Can Programs Provide Nutritious and Safe Meals and Snacks?

#### A. Menus

**Menus are nutritionally adequate and consistent with the Dietary Guidelines for Americans.**

- Meals and snacks meet children's nutrition needs by following the meal pattern requirements of the Child and Adult Care Food Program (CACFP). A CACFP Meal Pattern is enclosed. *Note: Board of Education programs may participate in the National School Lunch Program (NSLP) in lieu of CACFP.*
  - Programs that are ineligible for CACFP or choose not to participate must model meals and snacks on the CACFP meal pattern.
  - Programs that do not serve meals/snacks must provide guidance to parents on what meals/snacks sent from home should include (based on the CACFP meal pattern).
  - Meals and snacks encourage children to learn about and practice healthy dietary habits, which include: eating a variety of nutritious foods, maintaining healthy weight, choosing plenty of fruits, vegetables and grain products, avoiding excessive fat and sodium, and using sugars only in moderation.
  - Fruits and vegetables that are good sources of vitamin C are served every day, e.g., citrus fruits, strawberries, broccoli, cauliflower, and green leafy vegetables. Good vitamin A sources are served at least 3 times a week, e.g., dark green and orange fruits and vegetables such as broccoli, carrots, sweet potatoes, and papaya.
  - Good sources of iron are served daily, including lean meats, fish, poultry, legumes (dried beans and peas), nuts and seeds\*, dried fruits, whole grains, enriched or fortified breakfast cereals and leafy green vegetables.
  - Good sources of calcium are served daily, including milk, yogurt, cheese, legumes (dried beans and peas), dark green leafy vegetables (broccoli, spinach, kale, turnip and mustard greens, collards), some nuts\* (Brazil nuts, almonds, filberts, sunflower seeds) and calcium-enriched foods (orange juice, bread).
- \*High risk of choking for young children (see page 5).*

**Menus reflect a variety of cultural and ethnic food practices and children's personal food preferences to:**

- support family nutrition efforts, e.g., foods served reflect a variety of food practices and preferences.
- broaden children's food experiences and help teach children about new foods, e.g., new and different foods are included regularly.
- promote parental involvement, e.g., sharing an ethnic food recipe which is prepared and tasted as part of a nutrition education activity.

**Menus are adapted as necessary to meet nutritional and feeding requirements of children with special needs.**

- Staff and parents work together to incorporate special dietary needs into the regular menu, with written direction from appropriate health professionals. Examples of appropriate accommodations include modifying food types, amounts and consistency, and supplying special dishes, utensils or equipment.
- The program has clearly defined procedures to train staff in handling special dietary needs (such as food allergies, texture modifications, etc.), and to clearly communicate all special dietary concerns to staff.
- Children with special dietary needs are integrated as fully as possible in all meal time activities, e.g., sitting with other children and eating the same meals.

**How Can Programs Provide Nutritious and Safe Meals and Snacks?**

**B. Eating Environment**

**Family style meal service is used to provide a pleasant and social environment at meal time and promote learning.**

- Adults sit with children during meals and snacks to model behavior and provide educational activities centered around foods.
- Serving dishes contain enough food to meet the minimum requirements for all children at the table and to feed the adults, as appropriate.
- Children are allowed to make their own food choices based on individual appetites and preferences.
- Appropriate equipment and utensils allow children to serve themselves, e.g., children can pour their own milk or juice using small, lightweight pitchers and short, squat cups which are less likely to spill.
- Adults should not eat or drink anything that the children are not allowed to have, e.g., soda or coffee. These foods should be consumed on break, out of children's sight.

**Furniture and eating utensils are age appropriate and developmentally suitable.**

- Chairs, tables and eating utensils are comfortable, attractive and suitable in size and shape for children.
- Child-size plates, utensils, and cups are durable, unbreakable, and easy to hold. If plastic utensils are used, they are sturdy and discarded after use. Foam plates and cups are not used, as children may bite off pieces and choke.
- Dining areas are clean, cheerful, and supportive of healthful eating habits.

**Programs have a written nutrition policy which is shared with all parents, and includes:**

- a description of the center's approach to feeding children.
- information on the types of food served for meals and snacks.
- guidelines for parents (based on the CACFP meal patterns) regarding the types of foods that should be included in parent-provided meals or snacks.
- nutrition and food safety issues for food brought in from home, including:
  - clearly labeling all foods with the child's name, date and type of food.
  - storing foods at an appropriate temperature until eaten.
  - sharing of foods (foods brought from home for one child should not be shared with other children).
  - food restrictions for food safety reasons, e.g., whether homemade food is allowed for parties and holidays or if only store bought food is allowed.
  - food restrictions for nutrition reasons, e.g., if foods of poor nutritional value (such as soda, iced tea, fruit drinks, candy) are not allowed.

**How Can Programs Provide Nutritious and Safe Meals and Snacks?**

**C. Food Safety and Sanitation**

**Programs that prepare and serve food must maintain a Qualified Food Operator (QFO), per State Department of Public Health regulations (Connecticut General Statute 19a-36a), as applicable.**

- At the direction of local health districts, programs preparing, hot holding and serving potentially hazardous foods maintain at least one person in a supervisory capacity who has passed an approved national exam in sanitation.
- Programs receiving vended meals ensure that the contractor meets QFO requirements.

**Foods used are clean, wholesome and from approved sources.**

- Meat is government inspected or approved by local health authority (no home caught meat or fish).
- All fresh fruits and vegetables are washed thoroughly before using.
- Milk products are pasteurized and Grade A.
- Food expiration dates are checked before use.
- Raw milk, unpasteurized milk or unpasteurized apple cider are not used.

**Food preparation and service are consistent with standards for food safety and sanitation.**

- All food is stored, prepared and served in a safe and sanitary manner.
- All food service facilities, tables, equipment and utensils are properly cleaned and sanitized, e.g., using a bleach sanitizing solution for food contact surfaces consisting of ½ tablespoon bleach per gallon of water.
- All hot foods are maintained at 140°F or above and all cold foods at 41°F or below.
- All storage areas are maintained at proper temperatures – freezers at 0°F or below, refrigerators at 41°F or below and dry storage areas at 50-70°F.
- Food temperatures are monitored with an appropriate thermometer during cooking, holding, cooling and reheating.
- Personnel who handle food are trained to use proper hand washing techniques.

**Foods served are safe to eat.**

- Foods that are high risk for choking are not served to children under the age of 4, including hard candy\*, popcorn, pretzels, chips, whole grapes\*, raisins, dried fruit, hot dogs\* (whole or sliced into rounds), nuts\* and seeds, raw carrots (in rounds), raw peas, fish with bones, and large spoonfuls of peanut butter.
- Preparation methods are used to make food safe, e.g., cutting whole grapes in half lengthwise, cutting hot dogs into quarters lengthwise and then into small pieces, and spreading peanut butter thinly on crackers.

*\*Most common causes of choking incidents.*

**For additional information and resources please contact Susan Fiore at (860) 807-2075.**

### ***Nutrition Services Component #3***

#### **How Can Programs Provide Nutrition Education for Children, Parents and Staff?**

**Daily nutrition activities, lessons and learning experiences promote positive attitudes about good nutrition and health.**

- Concepts relating to food and nutrition are taught through the use of developmentally appropriate activities using sensory experiences – tasting, smelling, feeling, seeing, and hearing. Examples include tasting parties, identifying foods by smell, sound and feel, planting seeds, and cooking activities.
- Children's food experiences are broadened by activities which integrate diversity into the classroom, e.g., including ethnic foods and cooking utensils (wok, rice bowls, etc.) in the kitchen play area, sampling ethnic foods, and reading stories about multicultural foods.

**Parents are involved in nutrition education by:**

- encouraging their participation in menu planning and nutrition education activities.
- sharing nutrition information through menus, newsletters and parent updates.
- providing activities that encourage children to share nutrition experiences with their parents, e.g., recipes, snack ideas, handouts and food-related activities that can be done at home.

**Child care staff receive appropriate nutrition and foodservice training.**

- Caregivers know the basic principles of child nutrition, strategies for creating a positive environment that promotes the development of good eating habits, and the importance of role modeling healthful behaviors.
- Licensed programs use their required registered dietitian consultant for guidance regarding nutrition and food service.
- Staff who handle food have appropriate training in planning, preparing and serving nutritious, safe and appealing meals and snacks that meet the required CACFP meal pattern components and serving sizes.

**Mealtimes contribute to the development and socialization of children by providing opportunities to:**

- help children develop positive attitudes about healthy foods, e.g., adults role model healthy eating behaviors such as willingness to try new foods.
- incorporate food-related activities whenever possible, e.g., menus include foods discussed in classroom nutrition activities.
- learn appropriate eating patterns, mealtime behavior, and communication skills, e.g., children practice using "please" and "thank you" when passing foods at mealtime.

***For additional information and resources please contact Susan Fiore at (860) 807-2075.***

## REFERENCES

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*Keeping Kids Safe: A Guide for Safe Food Handling and Sanitation.* Washington, DC: US Department of Agriculture, Food Safety and Inspection Service; 1996.

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